



Michigan Quality Improvement Consortium Guideline

Prevention of Unintended Pregnancy in Adults 18 Years and Older

The following guideline recommends specific interventions for assessing and counseling to lower the risk of unintended pregnancies.

Eligible Population	Key Components	Recommendation and Level of Evidence	Frequency
Males and Females	Assessment for risk of unintended pregnancy	<p>Ask about:</p> <ul style="list-style-type: none"> ♦ Sexual activity/involvement, past pregnancy and outcome ♦ Abuse (e.g. Were you pressured or forced to have sex when you did not want to?) ♦ Consistent use of birth control or protection (e.g. Does it ever happen that you have sex without using birth control or protection?) <ul style="list-style-type: none"> - If contraception is used, assess type ♦ Intent to become pregnant or father a child (e.g. Are you trying to get pregnant? Are you trying to father a child?) <p>If currently pregnant discuss postpartum contraception.</p>	At annual health exam; more frequently at the discretion of the health care provider [D]
	Interventions to prevent unintended pregnancies	<p>Advise and discuss:</p> <ul style="list-style-type: none"> ♦ Patient's risk of pregnancy or contributing to an unintended pregnancy ♦ Risks and adverse outcomes associated with unintended pregnancies <p>Assess:</p> <ul style="list-style-type: none"> ♦ Patient's understanding of risks and readiness to make behavior changes. <p>Assist patients in preventing unintended pregnancy by:</p> <ul style="list-style-type: none"> ♦ Discussing all contraceptive methods [B] ♦ Offering prescriptions ♦ Encouraging consistent latex condom use for sexually transmitted infection prevention [B] ♦ Referring to primary care provider, local health department, family planning clinic, Plan First, federally qualified health center or hotline <p>Arrange follow-up</p>	

Levels of Evidence for the most significant recommendations: A = randomized controlled trials; B = controlled trials, no randomization; C = observational studies; D = opinion of expert panel

This guideline lists core management steps. It is based on several sources including the Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report: Recommendations to Improve Preconception Health and Health Care - United States, 06-Apr-2006; 55 (RR-6), (www.cdc.gov). Individual patient considerations and advances in medical science may supersede or modify these recommendations.